

ARREST / NOTICE TO APPEAR

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ FOREIGN COUNTRY ☐ FBI ☐ PHONE ANALYST ☐ SFO ☐ DISTRICT ATTORNEY

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF July 2021 AT 0341 AM PM  
SUBJECT: Moreno - Sanchez, Edison CASE NUMBER: 21-003106  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Wald Koetter 865  
LANTANA PD **PERSONAL CONTACT**

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I observed Subject driving on E. Lantana Rd, Stopped at the Dead end road Facing North & South on an East/West Roadway. I conducted the traffic stop based on evidence from a witness informing that he was driving on the S/B Lane of N. Federal & Dixie Hwy. a recording was displayed to me prior to DUI Investigation.

## OBSERVATION OF DRIVER:

Driver was sweating profusely, unable to communicate effectively or simply, unable to complete simple tasks. Bloodshot eyes and extremely strong odor of alcohol emanating from Driver's vehicle.

## DRIVER'S STATEMENTS:

Unclear, stated he came from a party and changed cars with his girlfriend.

## ODORS:

Extremely strong odor of alcohol from vehicle & Driver.

## **GENERAL OBSERVATIONS**

SPEECH: Broken communication, Slurred, stopped speaking  
ATTITUDE: Both Timid & then Resisting. Uncooperative English.  
CLOTHING: Purple shirt In tact. on/off

## MEDICAL/OTHER:

None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

18 day of July 2021

by officer

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)

Wald Koetter

known ICD

Notary Public, Clerk of Court Officer (F.S. 117.10)



MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State Insurance

SCANNED  
JUL 21 2021

SUBJECT: Moreno-Sanchez, Edison CASE NUMBER: 21-003106

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☐ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

#### WALK & TURN:

#### ONE LEG STAND:

#### FINGER TO NOSE:

#### ROMBERG/ALPHABET:

#### BREATH TEST RESULTS:

0.146 > 0.148

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 18 day of July, 2021 by officer

who is personally known to me and/or produced identification. Type of identification produced known to me

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



JOSHUA BELL  
MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State Insurance

SCANNED  
JUL 21 2021



PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 21-086937 PBSO ZONE 1-32  
AGENCY CASE # 21-003106 CRASH CASE # N/A  
TIME OF STOP/CRASH 0316 DATE 07/18/21 DAY SUNDAY  
SUBJECT'S NAME MORENO SANCHEZ, EDISON ENRIQUE RACE W SEX M  
HGT 5'7 WGT 166 DOB 08/12/95  
LOCATION 200 BLK E. LANTANA RD  
ARRESTING OFFICER'S NAME & ID E. WALDKOETTER #865 AGENCY LPD  
DIVISION: ROAD  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0406  
Arrest Time 0341  
BREATH RESULTS:  
1. .128VNM  
2. .146  
3. .148  
4. N/A  
TESTING OFFICER'S ID BELL 8656

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JUL 21 2021

# TESTING FACILITY TASK REPORT

AGENCY: LPD  
SUBJECT: MORENO SANCHEZ, EDISON ENRIQUE  
CASE NUMBER: 21-086937  
DATE: Jul 18, 2021  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 0432  
ENDING TIME: 0450

BREATH TESTS RESULTS: 1) .128v TIME 0441 A.M. ☒ P.M. ☐ 2) .146 TIME 0444 A.M. ☒ P.M. ☐  
3) .148 TIME 0447 A.M. ☒ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: BROKEN ENGLISH, SLURRED

ATTITUDE: TALKATIVE, REPETITIVE

CLOTHING: PURPLE TEE SHIRT, BLACK PANTS, GREY SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0406 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

SUBJECT FAILED TO MAINTAIN STEADY TONE. SUBJECT WOULD NOT MAKE A TIGHT SEAL ON THE MOUTH PIECE AFTER BEING TOLD MULTIPLE TIMES.

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C. SUBJECT STATED HE WOULD CONTINUE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS AND DECLINED TO ANSWER Q AND A

TECH READ BREATH TEST RESULTS AND EXPLAINED  
SUBJECT STATED HE UNDERSTOOD

INTERPRETATION DONE BY DEPUTY CRISPIN FUENTES PBSO

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JUL 21 2021

34263

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 07/18/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 04:06

Subject's Name: EDISON E MORENO SANCHEZ

DOB: 08/12/1995 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	04:36
Air Blank	0.000	04:37
Control Test	0.079	04:37
Air Blank	0.000	04:38
Subject Sample #1	VNM*	04:41
Air Blank	0.000	04:41
Air Blank	0.000	04:43
Subject Sample #2	0.146	04:44
Air Blank	0.000	04:45
Air Blank	0.000	04:47
Subject Sample #3	0.148	04:47
Air Blank	0.000	04:48
Control Test	0.078	04:48
Air Blank	0.000	04:49
Diagnostics Check	OK	04:49

\*Volume Not Met (0.128 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 07/18/21

Sworn to (or affirmed) before me this 18 day of July, 2021

Signature of Notary Public-State of Florida

Off. E. Waldkoetter #865  
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is ~~admissible without further authentication~~ and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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JUL 21 2021

SUBJECT: Morales Sanchez, Edison E

CASE NUMBER: 21-CC 3106

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

Read on camera

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

Read on camera

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SUBJECT: Morano Sanchez, Edison E CASE NUMBER: 21-003106

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: OFC. Waldketter #865

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JUL 21 2021



# WITNESS LIST

CASE NUMBER: 7-003106

**ARRESTING OFFICER**

ADDRESS 101 N. 8th St. Lincoln, N. D. 58401

**PHONE NUMBERS (HOME)**

(WORK) 561-540-5701

CAN TESTIFY TO: See PC.

NAME: THOMAS, THOMAS

ADDRESS 1012 S. 17th St. Dayton, Ohio 45416 33462

PHONE NUMBERS (HOME) 154 - 317 - 0739 (WORK)

CAN TESTIFY TO: 13 ongoing in my Sale of 2nd set of 10 files.

NAME: D/S Clispin Fuentes (P350) ID # \_\_\_\_\_

ADDRESS Guh Club Rd LPB, TX

PHONE NUMBERS (HOME) 561-688-3000 (WORK)

CAN TESTIFY TO: 1. strong inability to recall

NAME: \_\_\_\_\_

## ADDRESS

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

**CAN TESTIFY TO:**

NAME: \_\_\_\_\_

## ADDRESS

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

**CAN TESTIFY TO:**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

**CAN TESTIFY TO:**

NAME: \_\_\_\_\_

ADDRESS\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

**CAN TESTIFY TO:** \_\_\_\_\_

NAME: \_\_\_\_\_

## ADDRESS

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

**CAN TESTIFY TO:**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

AN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

AN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

AN TESTIFY TO: \_\_\_\_\_

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JUL 21 2021